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## \*BIBDATASHEET\*

CONFIRMATION NO. 6726

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/691,853	<b>FILING OR 371(c) DATE</b> 10/23/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1711	<b>ATTORNEY DOCKET NO.</b> S-8135-CIP2 (1502- 120 CIP	
<b>APPLICANTS</b> Diane McGhee, Hazelwood, MO;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/739,577 12/18/2000 PAT 6,645,483 which is a CIP of 09/168,031 10/07/1998 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/22/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> TYCO HEALTHCARE GROUP LP 15 HAMPSHIRE STREET MANSFIELD, MA02048					
<b>TITLE</b> LUBRICIOUS COATING					
<b>FILING FEE RECEIVED</b> 1286	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		